

Personal Information Guide

Organizing and maintaining family and financial records can be a challenge. However daunting it may seem, having this information readily accessible could be vital, especially in an emergency involving a loved one.

This Personal Information Guide is designed to help you gather all of your personal and financial information into one document. Using this guide can help:

- locate information in the future
- reduce confusion and stress in the event of a family emergency
- decrease the likelihood of unclaimed assets for your heirs

This guide is designed for informational use and is not legally binding. We recommend that you maintain all copies in a secure location and update your personal information regularly.

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I. Personal Information

Full Legal Name		Maiden/Former Name
Address		
Home Phone	Cell Phone	Email Address
Social Security No.		Birth Date
Driver's License No.		Passport No.
Primary Care Physician		Phone
Health Insurance Plan		ID No.
Blood Type		Allergies
Medications and Dosage		
Dentist		Phone
Current Employer		Work Phone
Employer Address		
HR Contact		Phone
Supervisor		Phone

II. Spouse/Domestic Partner Information

Full Legal Name		Maiden/Former Name
Address		
Home Phone	Cell Phone	Email Address
Social Security No.		Birth Date
Driver's License No.		Passport No.
Primary Care Physician		Phone
Health Insurance Plan		ID No.
Blood Type		Allergies
Medications and Dosage		
Dentist		Phone
Current Employer		Work Phone
Employer Address		
HR Contact		Phone
Supervisor		Phone

III. Children Information

Full Legal Name		Child's Phone	
Social Security No.	Birth Date	Driver's License No.	Passport No.
School Name		School Phone	
Teacher	Grade	Allergies	
Blood Type	Medications and Dosage		

Full Legal Name		Child's Phone	
Social Security No.	Birth Date	Driver's License No.	Passport No.
School Name		School Phone	
Teacher	Grade	Allergies	
Blood Type	Medications and Dosage		

Full Legal Name		Child's Phone	
Social Security No.	Birth Date	Driver's License No.	Passport No.
School Name		School Phone	
Teacher	Grade	Allergies	
Blood Type	Medications and Dosage		

Full Legal Name		Child's Phone	
Social Security No.	Birth Date	Driver's License No.	Passport No.
School Name		School Phone	
Teacher	Grade	Allergies	
Blood Type	Medications and Dosage		

V. Employee Benefits

Note: Remember to include former employers from whom you may still be eligible to receive benefits.

_____ Name	_____ Employer
_____ Employer Phone	_____ Benefit Type

_____ Name	_____ Employer
_____ Employer Phone	_____ Benefit Type

_____ Name	_____ Employer
_____ Employer Phone	_____ Benefit Type

VI. Military Records

_____ Record For (Name)	_____ Type of Record
_____ Record For (Name)	_____ Type of Record

VII. Safe Deposit Box

_____ Registered in the Name of	_____ Name of Institution
_____ Box No. and Location of Keys	_____ Institution Address

VIII. Personal Safe

_____ Location
_____ Combination

IX. Rental

Post office box, storage unit, etc.

_____ Renter	_____ Phone
_____ Contact Name	_____ Locations of Records

Other important employment, military service, safe deposit boxes or rental information

X. Insurance
Life & Health

Insurance Company Name	Phone
Address	
Life Insurance Policy No.	Disability Policy No.
Long-Term Care Policy No.	Other
Group Number	Owner
Beneficiary	Insurance Agent

Insurance Company Name	Phone
Address	
Life Insurance Policy No.	Disability Policy No.
Long-Term Care Policy No.	Other
Group Number	Owner
Beneficiary	Insurance Agent

Insurance Company Name	Phone
Address	
Life Insurance Policy No.	Disability Policy No.
Long-Term Care Policy No.	Other
Group Number	Owner
Beneficiary	Insurance Agent

Property & Casualty

Insurance Company Name	Agent
Address	Phone
Homeowner Policy No.	Auto Policy No.
Umbrella Policy No.	Other
Group Number	Owner
Beneficiary	Insurance Agent

Insurance Company Name	Agent
Address	Phone
Homeowner Policy No.	Auto Policy No.
Umbrella Policy No.	Other
Group Number	Owner
Beneficiary	Insurance Agent

Other important insurance information

XI. Financial/Investment Information

Financial Professional Name	Phone
Firm Name	Address
Account 1	Account 2
Account 3	Account 4

Financial Professional Name	Phone
Firm Name	Address
Account 1	Account 2
Account 3	Account 4

Other Professionals

Attorney Name	Phone
Firm Name	Address
Tax Professional Name	Phone
Firm Name	Address

XII. Bank Information

Bank Name	Bank Name
Address	Address
Phone	Phone
Checking Account No.	Checking Account No.
Savings Account No.	Savings Account No.
Certificate of Deposit No.	Certificate of Deposit No.

Bank Name	Bank Name
Address	Address
Phone	Phone
Checking Account No.	Checking Account No.
Savings Account No.	Savings Account No.
Certificate of Deposit No.	Certificate of Deposit No.

Dependent Accounts

Name of Dependent	Type (Savings, 529s, etc.)
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Name of Dependent	Type (Savings, 529s, etc.)

Other important financial or bank information

XIII. Loans and Credit

Auto Loan Holder	Phone
Address	
Account No.	Interest Rate
Auto Loan Holder	Phone
Address	
Account No.	Interest Rate
Miscellaneous Loan Holder	Phone
Address	
Account No.	Interest Rate
Credit Card	Name as It Appears on Card
Billing Address	Phone
Account No.	Interest Rate
Credit Card	Name as It Appears on Card
Billing Address	Phone
Account No.	Interest Rate
Credit Card	Name as It Appears on Card
Billing Address	Phone
Account No.	Interest Rate

Credit Card	Name as It Appears on Card
Billing Address	Phone
Account No.	Interest Rate

Credit Card	Name as It Appears on Card
Billing Address	Phone
Account No.	Interest Rate

XIV. Online Accounts

Account Name	Login
Account Name	Login
Account Name	Login

Digital

Account Inventory	Website/Account
Username	Password

Other important loans and credit information

XV. Real Estate

Primary Residence

_____	_____	
Address	Phone	
_____	_____	_____
Mortgage	Account No.	Interest Rate
_____	_____	_____
Second Mortgage	Account No.	Interest Rate
_____	_____	_____
Home Equity Loan	Account No.	Interest Rate
_____	_____	
Deed	Location of Records	

Secondary Residence

_____	_____	
Address	Phone	
_____	_____	_____
Mortgage	Account No.	Interest Rate
_____	_____	_____
Second Mortgage	Account No.	Interest Rate
_____	_____	_____
Home Equity Loan	Account No.	Interest Rate
_____	_____	
Deed	Location of Records	

Rental

_____	_____	
Address	Phone	
_____	_____	_____
Mortgage	Account No.	Interest Rate
_____	_____	_____
Second Mortgage	Account No.	Interest Rate
_____	_____	_____
Home Equity Loan	Account No.	Interest Rate
_____	_____	
Deed	Location of Records	

Land/Farm

_____		_____	
Address	Phone		
_____		_____	_____
Mortgage	Account No.	Interest Rate	
_____		_____	
Deed	Location of Records		

Time Share

Address	

_____	_____
Phone	Location of Records

XVI. Emergency Information

In case of emergency: Dial 9-1-1

Emergency Contact List

_____	_____	_____	_____
Name	Relationship	Home Phone	Cell Phone
_____	_____	_____	_____
Name	Relationship	Home Phone	Cell Phone
_____	_____	_____	_____
Name	Relationship	Home Phone	Cell Phone

Non-Emergency Numbers

Local Police

Local Fire Department

Local Hospital

Household Emergency

_____	_____
Plumber	Phone
_____	_____
Electrician	Phone
_____	_____
Heating Provider	Phone
_____	_____
Telephone Company	Phone
_____	_____
Electric Company	Phone
_____	_____
Cable Company	Phone
_____	_____
Town Hall	Phone
_____	_____
AAA/Towing	Phone
_____	_____
Other	Phone

Nearest Neighbors

Name

Phone

Name

Phone

Name

Phone

Other important emergency information

XVII. Will, Trust, Estate and Power of Attorney

_____	_____
Last Will and Testament For	Dated
_____	_____
Executor or Personal Representative	Attorney

Location of Living Will and Testament	
_____	_____
Last Will and Testament For	Dated
_____	_____
Executor or Personal Representative	Attorney

Location of Living Will and Testament	
_____	_____
Revocable (Living) Trust For	Dated
_____	_____
Current Trustee	Successor Trustees

Location of Trust	
_____	_____
Revocable (Living) Trust For	Dated
_____	_____
Current Trustee	Successor Trustees

Location of Trust	
_____	_____
Durable Power of Attorney (Financial) For	Dated
_____	_____
Agent or Proxy	Attorney

Location of Durable Power of Attorney (Financial)	
_____	_____
Durable Power of Attorney (Financial) For	Dated
_____	_____
Agent or Proxy	Attorney

Location of Durable Power of Attorney (Financial)	

_____	_____
Durable Power of Attorney (Medical) For	Dated
_____	_____
Agent or Proxy	Attorney

Location of Durable Power of Attorney (Medical)	

_____	_____
Durable Power of Attorney (Medical) For	Dated
_____	_____
Agent or Proxy	Attorney

Location of Durable Power of Attorney (Medical)	

_____	_____
Living Will (Medical) For	Dated
_____	_____
Location of Living Will (Medical)	Attorney

_____	_____
Living Will (Medical) For	Dated
_____	_____
Location of Living Will (Medical)	Attorney

_____	_____
Irrevocable Life Insurance Trust For	Dated
_____	_____
Trustee	Attorney

Location of Irrevocable Life Insurance Trust	

_____	_____
Irrevocable Life Insurance Trust For	Dated
_____	_____
Trustee	Attorney

Location of Irrevocable Life Insurance Trust	

XVIII. Funeral Arrangements

Disposal of my remains

The below summarizes my wishes around funeral arrangements that I have indicated in the appropriate governing documents.

I have made prior arrangements for:

____ anatomical gift donation

____ bequest (or gift) of my body to medical school

Legal documents detailing these wishes are located at:

I ____ do or ____ do not wish to be:

____ cremated

____ directly cremated

Standard cremation usually involves viewing in a rented casket followed by a traditional service. Direct cremation refers to immediate cremation, no viewing and may be followed by a traditional service.

I ____ do or ____ do not wish to be embalmed.

I am a member of the following organization (military veterans, Masons, etc.) and desire an organizational service.

I desire that services be held at:

____ funeral home

____ church

____ graveside

____ other _____

I request that memorial contributions be made to:

I ____ have or ____ have not made funeral prearrangements with the funeral home.

I ____ have or ____ have not made any prepayment of funeral expenses. I have made prepayment as follows:

I own burial property.

____ yes

____ no

I have purchased a funeral/burial plan.

____ yes

____ no

If yes, the following is the location of the deed, title or plan

Name of cemetery, mausoleum or garden

Section

Tier

Lot

Spaces

Title of property or plan in the name of:
